

July-13-12 11:54:39 AM

Page 1

## Quality Control

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                   |   |             |              |  |  |   |  |
|--|------|------|---|---|-------------------|---|-------------|--------------|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |  |  |   |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update or Non-conformance   | Initial Chief Eng | Action Description  | Sign & Date | Verification | QC Inspector   |  |   |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Material <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Other <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Process <input type="checkbox"/>   |      |      |   |   |                   |   |             |              |  |  |   |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Training <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                   |   |             |              |  |  |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |

# Work Order ID 87320

July-13-12 11:54:39 AM

**\*87320\***

Page 2

Item ID: D3772-1 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Back Leg  
 Start Date: 7/10/12 Start Qty: 10.00 **\*10\*** Cust Item ID:  
 Required Date: 8/10/12 Req'd Qty: 10.00 **\*10\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID                | Operation<br>Description  | Set Up/<br>Run Hours | Tool ID | Tool #                       | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|---|---|----------------------|---------|------------------------------|--------------|---------------|---------------|------------------|----------------|
| 130<br><b>*130*</b><br>QC<br>Quality Control  | QC8- Inspect parts - second check<br><br>Memo   | 0.00<br><br>0.00     |         | 12-9-21                      |              | 6             |               |                  |                |
| 140<br><b>*140*</b><br>Small Fab<br>Small Fab | Small Fab<br><br>Memo<br>1-cut tube to length as per dwg D37722- deburr3-bend tube as per dwg D3772 | 0.00<br><br>0.00     |         |                              |              | 6             | 8             |                  | FF<br>13-01-14 |
| 150<br><b>*150*</b><br>QC<br>Quality Control  | QC5- Inspect part completeness to step on W/O<br><br>Memo   | 0.00<br><br>0.00     |         | DAS<br>15<br>9-83<br>13-1-17 |              | 6             |               |                  |                |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |             |             |   |   |                          |   |                        |                     |  |  |   |
|--|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|--|--|---|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |             |             |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |  |  |   |
| <b>Root Cause</b>  | <b>Date</b> | <b>Step</b> | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>  |  |   |
| Doc/Data <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| Equip/Tooling <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |
| Operator <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| Material <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| Setup <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |
| Other <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |
| Process <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |
| Supplier <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| Training <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| Unapproved <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| <b>FAULT CATEGORY</b>  |             |             |   |   |                          |   |                        |                     |  |  |   |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |

# Work Order ID 87320

\*87320\*

Page 3

July-13-12 11:54:39 AM

Item ID: D3772-1 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Back Leg  
 Start Date: 7/10/12 Start Qty: 10.00 \*10\* Cust Item ID:  
 Required Date: 8/10/12 Req'd Qty: 10.00 \*10\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                    | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | Identify as per dwg & Stock Location        | 0.00                 |         |        |              |               |               |                  |                |
| *160*                          |   |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo  | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |   |                      |         |        |              |               |               |                  |                |
| 170                            | QC21- Final Inspection - Work Order Release | 0.00                 |         |        |              |               |               |                  |                |
| *170*                          |   |                      |         |        |              |               |               |                  |                |
| QC                             | Memo  | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |   |                      |         |        |              |               |               |                  |                |

6x SP  
13-a-14

13/1/12 DJ

13-01-15

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
|--|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |             |             |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |  |  |   |  |
| <b>Root Cause</b>  | <b>Date</b> | <b>Step</b> | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>  |  |   |  |
| Doc/Data <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Equip/Tooling <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Operator <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Material <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Setup <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Other <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Process <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Supplier <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Training <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Unapproved <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| <b>FAULT CATEGORY</b>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| <b>Landing Gear<sup>1</sup></b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |

# Picklist Print

July-13-12 11:54:38 AM

Page 1

Work Order ID: 87320

Parent Item: D3772-1

Parent Item Name: Back Leg

Start Date: 7/10/12

Required Date: 8/10/12

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP Rev:A 08-06-18 rev.A as per dwg DD verified by:EC  
IPP Rev:B 08-09-24 Now on Haas JLM Verified By:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M304TR1.250W.125                |                        | Purchased     | No          |                     |                  | 110             | f                  | 37.6600        | 2.6252      | 27.633684    |               |                |        |
| 304 RD Tube 1.250 x .125w       |                        |               |             |                     |                  |                 |                    |                |             |              |               |                |        |

Location

Loc Qty

Loc Code

MAT037

37.66

113494

6

114812

4

121317

27.66

27.64 on 12/09/21

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |   |   |                      |   |                |              |   |  |  |
|--|------|------|---|---|----------------------|---|----------------|--------------|---|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____   |      |      |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |   |  |  |
| <b>Root Cause</b>  | Date | Step | Qty   | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector  |  |  |
| Doc/Data <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Equip/Tooling <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Operator <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Material <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Setup <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Other <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Process <input type="checkbox"/>   |      |      |   |   |                      |   |                |              |   |  |  |
| Supplier <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Training <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| Unapproved <input type="checkbox"/>  |      |      |   |   |                      |   |                |              |   |  |  |
| <b>FAULT CATEGORY</b>  |      |      |   |   |                      |   |                |              |   |  |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                      | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |  |



|  |  |                     |         |
|--|--|---------------------|---------|
| <b>DART AEROSPACE LTD</b>                  |  | <b>Work Order:</b>  | 87320   |
| <b>Description:</b> Back Leg               |  | <b>Part Number:</b> | D3772-1 |
| <b>Inspection Dwg:</b> D3772 <b>Rev:</b> A |  | <b>Page 1 of 1</b>  |         |

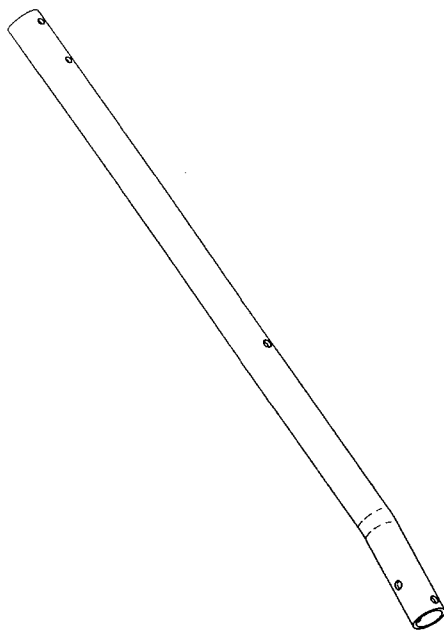
### FIRST ARTICLE INSPECTION CHECKLIST

☒ First Article      ☐ Prototype

| Drawing Dimension | Tolerance     | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|---------------|------------------|--------|--------|----------------------|----------|
| 0.50              | +/-0.030      | 0.497            | ✓      |        | Vern                 | GA-01    |
| 1.70              | +/-0.030      | 1.700            | ✓      |        | "                    | "        |
| Ø0.257            | +0.006/-0.001 | Ø0.258           | ✓      |        | "                    | "        |
| 12.56             | +/-0.030      | 12.56            | ✓      |        | Tape                 | GA-12    |
| Ø0.323            | +0.006/-0.001 | Ø0.322           | ✓      |        | Vern                 | GA-01    |
| Ø0.323            | +0.006/-0.001 | Ø0.322           | ✓      |        | "                    | "        |
| Ø1.250            | +/-0.010      | Ø1.249           | ✓      |        | "                    | "        |
| 0.125             | +/-0.010      | 0.116            | ✓      |        | "                    | "        |
| 1.10              | +/-0.030      | 1.100            | ✓      |        | H-6                  | 31006    |
| Ø0.323            | +0.006/-0.001 | Ø0.322           | ✓      |        | Vern                 | GA-01    |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
|                   |               |                  |        |        |                      |          |
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|                          |                       |                            |     |
|--------------------------|-----------------------|----------------------------|-----|
| <b>Measured by:</b> G.A. | <b>Audited by:</b> JL | <b>Prototype Approval:</b> | N/A |
| <b>Date:</b> 12/09/23    | <b>Date:</b> 12-9-24  | <b>Date:</b>               | N/A |

| Rev | Date     | Change                               | Revised by | Approved |
|-----|----------|--------------------------------------|------------|----------|
| A   | 08.10.17 | New Issue                            | KJ/DD      |          |
| B   | 09.05.19 | Dimensions 22.00 & 10° removed       | KJ         |          |
| C   | 10.04.01 | Dimensions 0.61, 3.75 & 0.38 removed | KJ         |          |



D3772-1 BACK LEG

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WORK ORDER  
NO. 07320 MCT  
12/07/16

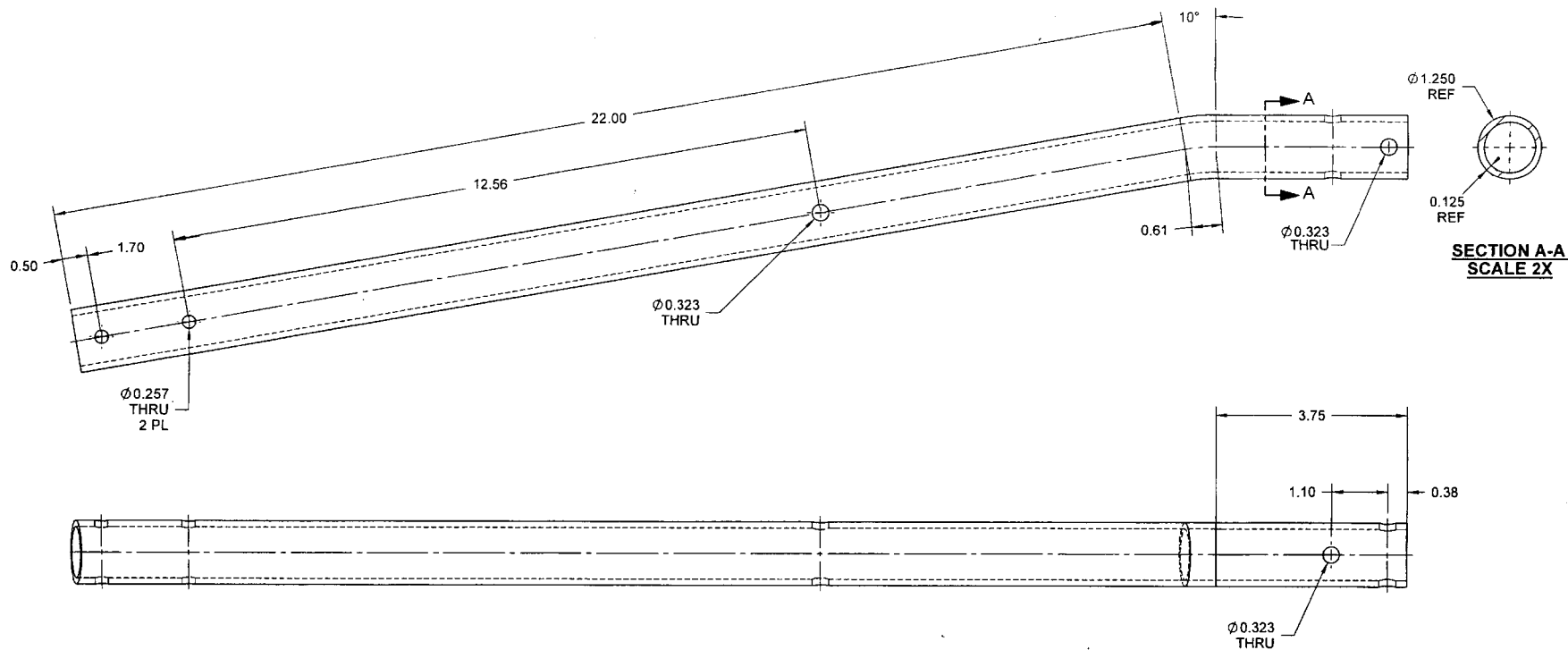
RELEASED  
08-06-12/16

NOTES:

- 1) MATERIAL: AISI 304/316 SS TUBING 1.25" OD X 0.125" WALL (REF DART SPEC M304TR1.25W.125)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 3.26 lbs

|            |                    |  |              |
|------------|--------------------|--|--------------|
| A          | NEW ISSUE          | HS   | 08.06.03     |
| REV.       | DESCRIPTION        | BY   | DATE         |
| DESIGN     | HS                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA   |              |
| DRAWN      | HS                 |  |              |
| CHECKED    | <i>[Signature]</i> | DRAWING NO.  | REV. A       |
| MFG. APPR. | <i>[Signature]</i> | D3772  | SHEET 1 OF 2 |
| APPROVED   | <i>[Signature]</i> | TITLE  | SCALE        |
| DE APPR.   | <i>[Signature]</i> | BACK LEG   | NTS          |
| DATE       | 08.06.03           | COPYRIGHT © 2005 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |

87320



**D3772-1 BACK LEG**

RELEASED  
08.06.03

|            |          |  |              |
|------------|----------|--|--------------|
| DESIGN     | HS       | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA   |              |
| DRAWN      | HS       |  |              |
| CHECKED    | AA       | DRAWING NO.  | REV. A       |
| MFG. APPR. | AA       | D3772  | SHEET 2 OF 2 |
| APPROVED   | AA       | TITLE  | SCALE        |
| DE APPR.   | AA       | BACK LEG   | NTS          |
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161  
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